



## Optimum Corrosion Control Treatment (OCCT) Documentation Flushing Records

### Section A. General Information:

System Name:

System Identification Number (7digit):

Sender's Last Name (printed):

Sender's First Name (printed):

Sender's Telephone:

E-mail Address:

### Section B. Flushing Records:

Monitoring Period Dates (MM/DD/YYYY) From:

To:

Required Flushing Frequency: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Quarterly ☐ Yearly

Flushing Date (MM/DD/YYYY)	Flushing Site / Specific Location	Flushing Time	Estimated Flow (gpm)	Estimated Total Water Use (gal)

### Section C. Certification of Flushing Records:

I certify that the flushing indicated by the above records was carried out in accordance with my approved OCCT. I understand that I will be required to maintain all flushing records and submit flushing records to the Department for any period of lead and copper exceedance.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

Purpose: This form is to be used by public water systems to document flushing activities performed in accordance with the system's optimum corrosion control treatment (OCCT) recommendation.

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

**Section A. General Information:**

Enter the system name, 7-digit system identification number, sender's name, sender's telephone, and e-mail address.

**Section B. Flushing Records**

Enter the monitoring period in month/day/year format. Check the applicable required flushing frequency. For each episode of flushing, enter the date, flushing site/specific location, the duration of flushing, the estimated flow in gallons per minute, and the estimated total water usage in gallons (flow in gpm x minutes flushed).

**Section C. Certification of Flushing Records**

Print name and title of certifying person. Sign and date the form.

Office Mechanics and Filing: This form is to be kept on file by the public water system to be available at the request of the Department.